



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF WASTE MANAGEMENT AND RADIOLOGICAL PROTECTION

ELECTRONIC DEVICE MANUFACTURER
REGISTRATION FORM

Registration is required under authority of Section 17303 of Part 173, Electronics, of the
Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

FOR ADDITIONAL INFORMATION, CONTACT THE
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY,
OFFICE OF WASTE MANAGEMENT AND RADIOLOGICAL PROTECTION,
SUSTAINABLE MATERIALS MANAGEMENT UNIT AT 517-284-6590

YEAR 2014-15 FOR DEQ USE ONLY

Date Received by DEQ: 11-3-2014

Received by: mlo

Fee: \$3,000- Yes ☒ No ☐

ACH Payment: Yes ☐ No ☐

Confirmation # _____

NOTE: PLEASE COMPLETE THE ENTIRE APPLICATION EVEN IF THE ANSWER IS "N/A" OR "0"

ELECTRONIC DEVICE MANUFACTURER:

1. Company Name (True Name and All Assumed Names): Curtis International Ltd

2. Area Code and Telephone Number:
416-674-2123

3. Manufacturer of:

Video Display Devices (televisions)

Yes

☒

No

☐

Computers (includes monitors)

Yes

☐

No

☒

Printers

Yes

☐

No

☒

4. Mailing Address:

Address: 315 Attwell Drive

City: Etobicoke

State: ON

ZIP: M9W5C1

Country: Canada

County (if in Michigan):

5. Home Web Site Address: curtisint.com

6a. Contact name: Cameron Dickson

6b. Contact e-mail address: cameron@curtisint.com

6c. Contact telephone number: 416-674-2123 x239

BRAND NAMES OF COVERED ELECTRONIC DEVICE(S) AND TYPE OF DEVICE (video display or computer)
SOLD BY THE MANUFACTURER

7. Please list the brand names of covered devices your company manufactures. (Attach an additional page if necessary.)

(a) Curtis

(e)

(b) Proscan

(f)

(c)

(g)

(d)

(h)

For Cashiers Use Only

fees attached!

TAKEBACK PROGRAM CONSUMER CONTACTS

- 8a. What Web site address do you provide to consumers for information on your Takeback program? eworleonline.com
- 8b. If the Web site address above includes a link to the Takeback program describe how to find that link on the Web site: Consumer tab
- 8c. If provided, what telephone number do you provide to consumers for information on your Takeback program? 855-243-9868

TAKEBACK PROGRAM INFORMATION

9. What are the primary method(s) utilized by your Takeback program? Check up to two boxes.

Mailback ☒

Permanent collection site ☒

Collection events ☒

Retailer ☐

9a. Identity of the person responsible for coordination of the Takeback program.

Name: Steve Neu

e-mail address: steve.neu@eworldrecyclers.com

Phone #: 760-533-0222 x 235

9b. Please describe your Takeback program.
Please refer to the MITS Group Program.

9c. Are appropriate devices covered with your Takeback program? Check appropriate box:

If you are a manufacturer of computers do you accept all brands?

Yes ☒

No ☐

N/A ☐

If you are a manufacturer of video display devices do you accept all brands?

Yes ☒

No ☐

N/A ☐

9d. Is your Takeback program free to consumers?

Yes ☒

No ☐

9e. Is your Takeback program reasonably convenient and available to and otherwise designed to meet the needs of consumers in this state?

Yes ☒

No ☐

9f. What is the number of devices a consumer may deliver to your program each day? Unlimited ☒ # _____

10. What information do you provide to consumers on how and where to return covered electronic devices that are labeled with your name or brand label?

Collection locations listed on the MITS website will accept CED's of any brand per Consumer or small business per day free of charge. Collection locations will not accept any electronic device which does not qualify as a CED under Michigan Regulation. CED's included: Desktop or personal computer, computer monitor, portable computer, television, or printer sold to a consumer.

Consumers and small businesses who may not be physically able to bring CED's to collection sites have the option to utilize the mail back program; details are on the MITS website.

11. How do you provide information to consumers on how and where to return covered electronic devices?
Referring consumers to the E-World Online website.

TAKEBACK PROGRAM REPORT (include this information beginning with the first registration submitted after the implementation of the Takeback program)

12a. List the number of permanent collection and/or recycling locations in the state of Michigan. 47

- a(1) The number of those collection sites that are located in counties with a population of less than 20,000 people. 0

12b. The number of collection events held during previous registration year in the state of Michigan. 25

12c. List the weight of the covered electronic devices received by the Takeback program from consumers during the prior year:

9.25 tons thru collection locations 0 tons through collection events 0 tons through retailers 0 tons by mailback.

13. Describe the processes and methods used to recycle or reuse the covered electronic devices received from consumers: Safe, environmentally friendly, domestic recycling of electronics that have no resale value as whole equipment. Process all whole equipment and utilize best practices to disassemble equipment rather than using nonselective shredding to achieve cleaner separation of materials and additional resource recovery value. Use both manual and automated processing to maximize the commodity value for recovered metals, plastics, glass and circuit boards. Provide domestic disassembly of all nonworking and outdated equipment with a zero landfill policy for all regulated material. Documentation and control of downstream vendors provides customers' added assurance that disassembled equipment is managed correctly. Trained staff disassembles and sorts material into recoverable categories of commodities ready to be turned back into the raw materials needed by manufacturers. Recovered materials include plastics that are used to make new covers and cases, metals used in many new products and recovered CRT glass is used.

I, the undersigned registrant, swear and affirm, UNDER PENALTY OF LAW, that the statements contained herein are true and correct. I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

PRINT NAME: Cameron Dickson DATE: 10/28/2014

SIGNATURE: [Signature] TITLE: CFO